Case 24-23530 Doc 4 Filed 07		7/17/24 13:43:	25 Desc Main
Fill in this information to identify your case:	ment Page 1 of	Check one box on	ly as directed in this form and in
Debtor 1 Ammon Edward Bundy		Form 122A-1Supp	Property of the State of the St
	ast Name	1. There is no pr	resumption of abuse.
Debtor 2 (Spouse, if filing) First Name Middle Name L United States Bankruptcy Court for the: District of Utah	ast Name	abuse applies	on to determine if a presumption of swill be made under Chapter 7 Calculation (Official Form 122A–2).
Case number(If known)		3. The Means T	est does not apply now because of ary service but it could apply later.
		☐ Check if this is	s an amended filing
			FILED US Bankruptcy Court-U
Official Form 122A—1			JUL 17 2024 PM1:30
Chapter 7 Statement of Your C	urrent Month	ly Income	12/1
Part 1: Calculate Your Current Monthly Income			
What is your marital and filing status? Check one only.			
Not married. Fill out Column A, lines 2-11.	oth Columns A and P. lines	2 11	
Married and your spouse is filing with you. Fill out b		2-11.	
Married and your spouse is NOT filing with you. You		2-1 A I D. E	0.44
Living in the same household and are not legal			
Living separately or are legally separated. Fill of under penalty of perjury that you and your spouse spouse are living apart for reasons that do not incl	are legally separated under	nonbankruptcy law that	at applies or that you and your
Fill in the average monthly income that you received fr bankruptcy case. 11 U.S.C. § 101(10A). For example, if y August 31. If the amount of your monthly income varied du Fill in the result. Do not include any income amount more the income from that property in one column only. If you have received the contract of the column only.	ou are filing on September 1 ring the 6 months, add the in han once. For example, if bo	5, the 6-month period acome for all 6 months of the spouses own the sa	would be March 1 through and divide the total by 6. ame rental property, put the
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and (before all payroll deductions).	commissions	\$ <u>8,100.0</u> 0	\$0.00
Alimony and maintenance payments. Do not include pay Column B is filled in.		\$0.00	\$0.00
4. All amounts from any source which are regularly paid f of you or your dependents, including child support. Inc from an unmarried partner, members of your household, you and roommates. Include regular contributions from a spous filled in. Do not include payments you listed on line 3.	clude regular contributions our dependents, parents,	s0.00	\$0.00
or farm	Debtor 1 Debtor 2 §300.00 § 0.00		
Gross receipts (before all deductions) Ordinary and necessary operating expenses	\$ 0.00-\$ 0.00		
Net monthly income from a business, profession, or farm	\$000.00 \$ 0.00 Cop	\$ 3,000.00	s 0.00
	Debtor 1 Debtor 2 \$ 0.00 \$ 0.00		
	\$ 0.00 - \$ 0.00		
Net monthly income from rental or other real property	c 0.00 c 0.00 Cop	s 0.00	\$ 0.00

7. Interest, dividends, and royalties

0.00

0.00

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or 1	Ammon Edward Bundy First Name Middle Name Last Name		_ Ca	ase number	(if known)			
				Column Debtor		Column Debtor		
Une	mployment compensation			\$	0.00	\$	0.00	
Do	not enter the amount if you contend that the amount if the Social Security Act. Instead, list it here:							
F	or you	\$	0.00					
	or your spouse		0.00					
not Uni disa pay doe	nsion or retirement income. Do not include any a lefit under the Social Security Act. Also, except as include any compensation, pension, pay, annuity, ted States Government in connection with a disab ability, or death of a member of the uniformed serve paid under chapter 61 of title 10, then include that as not exceed the amount of retired pay to which y ared under any provision of title 10 other than chap	stated in the stated in the stated in the stated in the state of the s	next sentence, do paid by the elated injury or ceived any retired the extent that it erwise be entitled if	\$	0.00	\$	0.00	
Do as a terr Sta dea	ome from all other sources not listed above. S not include any benefits received under the Socia a victim of a war crime, a crime against humanity, orism; or compensation, pension, pay, annuity, or tes Government in connection with a disability, co th of a member of the uniformed services. If nece arate page and put the total below.	I Security Act; or international allowance pai mbat-related i	payments received al or domestic id by the United njury or disability, or					
000	arato pago ana par ino total poloni.			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
To	otal amounts from separate pages, if any.			+ s	0.00	+s	0.00	
Part 2								Total current monthly income
	culate your current monthly income for the year. Copy your total current monthly income from line				Co	ny line 11 l	hara	\$ 11,100.00
12a				***************************************		py mile i i	liere 2	x 12
	Multiply by 12 (the number of months in a year							\$133,000.00
12b	. The result is your annual income for this part o	of the form.					12b.	\$100,000.00
3. Cal	culate the median family income that applies t	to you. Follow	these steps:					
Fill	in the state in which you live.	Utah						
Fill	in the number of people in your household.	7						
To	in the median family income for your state and siz find a list of applicable median income amounts, ç	go online using	g the link specified in				13.	\$_98,500.00
	tructions for this form. This list may also be availal w do the lines compare?	ble at the bank	ruptcy clerk's office.					
14a	Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official F	the top of pag Form 122A-2	ge 1, check box 1, The	ere is no p	resumption	n of abuse).	
14b	Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	page 1, check	t box 2, The presump	ition of abo	use is dete	rmined by	Form 122A	-2.

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otor 1	Ammon Edward Bundy First Name Middle Name Last Name	Case number (if known)
art 3	Sign Below	
	By signing here, I declare under penalty of perjury the	at the information on this statement and in any attachments is true and correct.
	By signing here, I declare under penalty of perjury the	at the information on this statement and in any attachments is true and correct.

Date MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

Date 06/28/2024

MM / DD / YYYY

If you checked line 14b, fill out Form 122A-2 and file it with this form.